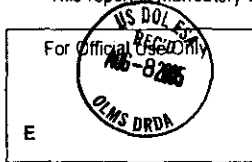


This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U - 5204	2. Fiscal Year Covered From: 1/1/04 Through: 12/31/04
3. Name and address of person filing. Name DANIEL J FRANK P.O. Box, Bldg., Room No., if any Street 4550 ROOSEVELT ROAD City HILLSIDE State ILLINOIS ZIP Code + 4 60162	4. Name, file number, and address of labor organization. Name SHEET METAL WORKERS LOCAL 73 Labor Organization File Number 036283 P.O. Box, Building and Room Number, if any Street 4550 ROOSEVELT ROAD City HILLSIDE State ILLINOIS ZIP Code + 4 60162
5. Position in labor organization. EXECUTIVE BOARD	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<b>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</b>	
<b>6. Name and address of Employer (including trade name, if any).</b>	<b>7.a. Nature of Interest, Transaction, or Income.</b>
Name <input type="text"/>	<input type="text"/>
Trade Name, if any: <input type="text"/>	
P.O. Box, Bldg., Room No., if any <input type="text"/>	
Street <input type="text"/>	
City <input type="text"/>	<b>7.b. Amount</b>
State <input type="text"/> ZIP Code + 4 <input type="text"/>	<input type="text"/>

**Signature**

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed David J. Frank On 7/21/05 708-449-0073  
Date Telephone Number

**DISCLAIMER**

The transactions, dealing and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some or many items may have been unintentionally omitted.

Daniel J. Frank  
Signature

7-21-05  
Date

Name of Person Filing

DANIEL FRANK

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SMW LOCAL 73 APPRENTICE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2701 VAN BUREN

City BELLWOOD

State ILLINOIS ZIP Code + 4 60104

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMW LOCAL 73 APPRENTICE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2701 VAN BUREN

City BELLWOOD

State ILLINOIS ZIP Code + 4 60104

11.a. Nature of such dealing.

APPRENTICE AND JOURNEYMAN  
TRAINING FUND

11.b. Approximate dollar value of such dealing. UNKNOWN

12.a. Nature of interest held or income received.

APPRENTICE GRADUATION DINNER

12.b. Amount \$ 59.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.